# J1042 U.S. F 07/11/01

97-13-01

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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| DOCKET NUMBER | ANTICIPATED<br>APPLICATION | CLASSIFICATION OF THIS | PRIOR APPLICATION | 03 u.s   |  |
|---------------|----------------------------|------------------------|-------------------|----------|--|
|               | CLASS                      | SUBCLASS               | EXAMINER          | ART UNIT |  |
| 510015-257    |                            |                        | Romeo, D.         | 1647     |  |

CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number: EL585707609US

Date of Deposit: July 11, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service

under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Name: Amber Stewart

### **DIVISIONAL APPLICATION UNDER 37 C.F.R. § 1.53(b)**

BOX PATENT APPLICATION Commissioner for Patents Washington, DC 20231

Dear Sir:

This is a request for filing a divisional application under 37 CFR § 1.53(b) of Serial No. 09/552,988, filed on April 21, 2000, entitled "ENDODERM, CARDIAC AND NEURAL INDUCING FACTORS" by the following inventors:

| Full Name     | Family Name                   | First Given Name         | Second Given Name                      |  |
|---------------|-------------------------------|--------------------------|----------------------------------------|--|
| Of Inventor   | DeRobertis                    | Edward                   | M.                                     |  |
| Residence     | City                          | State or Foreign Country | Country of Citizenship                 |  |
| & Citizenship | Pacific Palisades             | California               | U.S.A.                                 |  |
| Post Office   | Post Office Address           | City                     | State & Zip Code/Country               |  |
| Address       | 16958 Dulce Ynez Lane         | California               | California 90272 U S.A.                |  |
| Full Name     | Family Name                   | First Given Name         | Second Given Name                      |  |
| Of Inventor   | Bouwmeester                   | Tewis                    |                                        |  |
| Residence     | City                          | State or Foreign Country | Country of Citizenship The Netherlands |  |
| & Citizenship | Heidelberg                    | Germany                  |                                        |  |
| Post Office   | Post Office Address Ploeck 56 | City                     | State & Zip Code/Country               |  |
| Address       |                               | Heidelberg               | 69117 Germany                          |  |

- Enclosed is a true and correct copy of the prior application; including the specification, claims, drawings, oath or declaration showing the applicant's signature, and any amendments referred to in the oath or declaration filed to complete the prior application. (It is noted that no amendments referred to in the oath or declaration filed to complete the prior application introduced new matter therein.) The copy of the prior application is as follows: 24 pages of Specification, 15 Claims, 1 page of Abstract, 10 sheets of Drawings, 20 pages of Sequence Listing, 6 pages of Oath or Declaration, 5 pages of Revocation & Substitute Power of Attorney and 5 pages of Assignment.
- 2. Cancel in this application original claims <u>2-5, 9, 10 and 13-15</u> of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)

The filing fee is calculated below:

**Number of Claims Filed** 

3.

12.

13.

14.

 $\boxtimes$ 

**CLAIMS AS FILED** 

Number

Rate

Fee

In Excess of:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Extra                                                                                                                                                                                                                  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Basic F                             | ling Fee \$355.00                                                                                                                                                                                                      |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                               | laims                                                                                                                                                                                                                  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | - 20 x 9.00 = \$.00                                                                                                                                                                                                    |  |  |  |  |  |  |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ndepend                             | nt Claims                                                                                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 188                               | 3 = 0 x 40.00 = \$0.00                                                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MULTIPLE DEPENDENT CLAIM FEE \$0.00 |                                                                                                                                                                                                                        |  |  |  |  |  |  |
| TOTAL FILING FEE \$355.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                        |  |  |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | $\boxtimes$                         | Small Entity Status was claimed in the prior application.                                                                                                                                                              |  |  |  |  |  |  |
| 4. <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\boxtimes$                         | Payment of fees:                                                                                                                                                                                                       |  |  |  |  |  |  |
| ••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Attached is a check in the amount of \$355.00.                                                                                                                                                                         |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Please charge Deposit Account No. 16-2230.                                                                                                                                                                             |  |  |  |  |  |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\boxtimes$                         | The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which                                                                                                       |  |  |  |  |  |  |
| alteracy giller<br>mortugues of<br>pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | may be required by this paper or credit any overpayment to Account No. 16-2230.                                                                                                                                        |  |  |  |  |  |  |
| 6. <u>I</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | A set of formal drawings (sheets) is enclosed.                                                                                                                                                                         |  |  |  |  |  |  |
| 7. The state of th |                                     | Priority of application Serial No, filed on in, is claimed under 35 U.S.C. 119.                                                                                                                                        |  |  |  |  |  |  |
| W. Colonial Colonia Colonial Colonial Colonial C |                                     | The certified copy has been filed in prior application Serial No, filed                                                                                                                                                |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | The prior application is assigned of record to THE REGENTS OF THE UNIVERSITY OF CALIFORNIA on January 22, 2001 at Reel 011469 and Frame 0424.                                                                          |  |  |  |  |  |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\boxtimes$                         | The Power of Attorney in the prior application is to:                                                                                                                                                                  |  |  |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | OPPENHEIMER WOLFF & DONNELLY LLP 2029 Century Park East, 38th Floor Los Angeles, CA 90067-3024                                                                                                                         |  |  |  |  |  |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.) |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\boxtimes$                         | Fee for excess claims is attached.                                                                                                                                                                                     |  |  |  |  |  |  |
| 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | A petition and fee has been filed to extend the term in the prior application until A copy of the petition for extension of time in the prior application is attached.                                                 |  |  |  |  |  |  |

The inventor(s) in this application are less than those named in the prior application and it is requested that the

Address all future communications to the Attention of Charles Berman (may only be completed by attorney or

following inventors identified above for the prior application be deleted:

Also Enclosed: Diskette containing Sequence Listing

agent of record) at the address below.

OPPENHEIMER WOLFF & DONNELLY 2029 Century Park East, 38<sup>th</sup> Floor Los Angeles, CA 90067-3024 (310) 788-5000 By:

Name: Charles Berman Reg. No.: 29,249

CB/KVV/as

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patentee:

De Robertis et al.

Examiner

Not yet assigned

Serial No.

09/552,988

Art Unit

1646

Filed

April 21, 2000

Docket:

510015-248

Due Date:

n/a

Title:

ENDODERM, CARDIAC AND NEURAL INDUCING FACTORS

#### CERTIFICATE UNDER 37 CFR 1.8

I hereby certify that this correspondence and identified enclosures are being deposited with the United States Postal Service, first class mail, postage prepaid, under 37 C.F.R. 1.8 on the date indicated, and is addressed to Box: Assignments, Commissioner for Patents, Washington, D.C. 20231 on January 17, 2001.

Amber Stew

Box: Assignments Commissioner for Patents Washington, D.C. 20231

Sir:

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We are transmitting herewith the attached:

▼ Transmittal Sheet in duplicate containing Certificate of Mailing

Assignment of the invention to The Regents of the University of California and Recordation Form Cover Sheet

Check in the amount of \$40.00 to cover assignment recordation fee

Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 16-2230. A duplicate of this sheet is enclosed.

OPPENHEIMER WOLFF & DONNELLY LLP 2029 Century Park East, 38th Floor Los Angeles, CA 90067-3024 (310) 788-5000 Name: Charles Berman Reg. No.: 29,249

CB/as